



## APPLICATION FOR POOL / SPA WATER FEATURE

A/P NUMBER (for official use only): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- ☐ POOL & SPA    ☐ POOL ONLY  
☐ SPA ONLY    ☐ WATER FEATURE

CONTACT PHONE NO.: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

DECLARED VALUATION: \$ \_\_\_\_\_

GENERAL CONTRACTOR: \_\_\_\_\_

ELECTRICAL CONTRACTOR: \_\_\_\_\_

PLUMBING CONTRACTOR: \_\_\_\_\_

|                                     |                                     |  |                                |
|-------------------------------------|-------------------------------------|--|--------------------------------|
| PLANS ATTACHED AND PREPARED BY:     |                                     |  |                                |
| <input type="checkbox"/> PLUMBING   | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> DESIGN PROFESSIONAL | <input type="checkbox"/> OWNER |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> DESIGN PROFESSIONAL | <input type="checkbox"/> OWNER |
| <input type="checkbox"/> STRUCTURAL |                                     |  |                                |

|                                     |                    |
|-------------------------------------|--------------------|
| ADDITIONAL PERMITS REQUIRED:        |                    |
| <input type="checkbox"/> PLUMBING * | VALUATION \$ _____ |
| <input type="checkbox"/> ELECTRICAL | VALUATION \$ _____ |

TOTAL GALLONS - POOL & SPA \_\_\_\_\_

POOL SURFACE AREA \_\_\_\_\_

SPA SURFACE AREA \_\_\_\_\_

- ☐ WATER FEATURE    ☐ SEPTIC  
☐ PUBLIC    ☐ GAS LINE/POTABLE WATER  
☐ PRIVATE    ☐ CLARK COUNTY HEALTH DISTRICT APPROVAL

\* Only if potable water or gas line being installed